



DECLARATION and POWER OF ATTORNEY

Attorney's Docket No.: 26068-05E

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "**Glycosylated Indolocarbazole Synthesis**", the specification of which (check one)
___ is attached hereto

☒ was filed on January 13, 2000 as Application Serial No. 09/482,235 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
WO	PCT/IB96/00987	August 9, 1996	YES

I hereby claim the benefit, under Title 35, United States Code, §119(e) of the following U.S. Provisional application(s):

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60/002,164	August 11, 1995	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)
09/206,082	December 4, 1998	PATENTED
08/817,230	August 9, 1996	ABANDONED

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U.S. Serial No. 09/482,235

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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John L. Cordani

Reg. No. 37,297

Arthur G. Schaier

Reg. No. 37,715

Jennifer A. Calcagni

Reg. No. 50,207

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

Arthur G. Schaier

(203) 575-2629

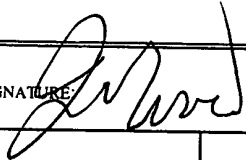
Carmody & Torrance LLP

P.O. Box 1110

50 Leavenworth Street

Waterbury, CT 06721-1110

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification, claims, and Declaration and Power of Attorney.

Dated: <u>12/12/02</u>		INVENTOR'S SIGNATURE: 		
Full Name of Inventor	LAST NAME WOOD	FIRST NAME JOHN	MIDDLE INITIAL L.	
Residence & Citizenship	CITY NORTH HAVEN	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.	
Post Office Address	STREET 3007 RIDGE ROAD	CITY NORTH HAVEN	STATE OR COUNTRY CT	Zip Code 06473

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Page 3

Dated: _____		INVENTOR'S SIGNATURE:		
Full Name of Inventor	LAST NAME STOLTZ	FIRST NAME BRIAN	MIDDLE INITIAL M.	
Residence & Citizenship	CITY AUBURN	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP U.S.	
Post Office Address	STREET 11470 MOUNT VERNON ROAD	CITY AUBURN	STATE OR COUNTRY CA	Zip Code 95603-7924

Dated: _____		INVENTOR'S SIGNATURE:		
Full Name of Inventor	LAST NAME DIETRICH	FIRST NAME HANS-JURGEN	MIDDLE INITIAL	
Residence & Citizenship	CITY ZURICH	STATE OR FOREIGN COUNTRY SWITZERLAND	COUNTRY OF CITIZENSHIP GERMANY	
Post Office Address	STREET WIDMERSTR. 98	CITY ZURICH	STATE OR COUNTRY SWITZERLAND	Zip Code 8038

Dated: _____		INVENTOR'S SIGNATURE:		
Full Name of Inventor	LAST NAME PFLUM	FIRST NAME DEREK	MIDDLE INITIAL A.	
Residence & Citizenship	CITY NORTHVILLE	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP U.S.	
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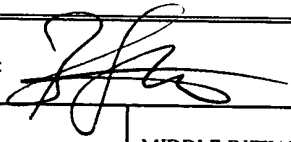
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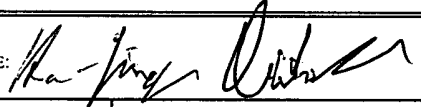
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Post Office Address	STREET 11470 MOUNT VERNON ROAD	CITY AUBURN	STATE OR COUNTRY CA	Zip Code 95603-7924

Dated: <u>9.12.2003 / 9/14/2003</u>		INVENTOR'S SIGNATURE: 		
Full Name of Inventor	LAST NAME DIETRICH	FIRST NAME HANS-JURGEN	MIDDLE INITIAL	
Residence & Citizenship	CITY ZURICH	STATE OR FOREIGN COUNTRY SWITZERLAND	COUNTRY OF CITIZENSHIP GERMANY	
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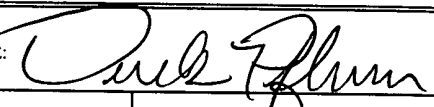
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